

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

AS FILED				AFTER 1st AMENDMENT				AFTER 2nd AMENDMENT			
NO.	IND.	DER.	TOTAL	NO.	IND.	DER.	TOTAL	NO.	IND.	DER.	TOTAL
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL	IND.	DER.	TOTAL	IND.	DER.	TOTAL	TOTAL	IND.	DER.	TOTAL	TOTAL CLAIMS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

FILING DATE

Serial No. 0937821